

Physicians Health Plan Plus

A not-for-profit health maintenance organization

Benefit Summary for the State of Michigan Effective 10/13/02

Visit our web sites at phpcares.com, IBAHealthPlans.com, phpmm.org.

Customer Service Department:

Lansing: (517) 364-8500 or (800) 832-9186,

Jackson: (517) 787-6865 or (800) 394-7569,

Kalamazoo: (616) 341-7250 or (800) 548-6574.

Type of Benefits	PHP Benefits (In-Network)	United Healthcare Insurance Co. Benefits (Out-of-Network) (Available for PHP-Mid Michigan and PHP of South Michigan)
Annual Deductible Lifetime Maximum Claim Forms	The benefits below are covered when provided by PHP participating providers and approved by PHP. None Unlimited No claim forms	The benefits below are covered when received through non-participating providers and are authorized in advance by PHP (except as noted). \$200 per person/\$400 per family per calendar year \$1,000,000 Yes
Physician Services	Amount Covered	Amount Covered
Office visits for illness or injury	100% covered after \$10 co-payment	80% of Reasonable and Customary (R&C) charges
Physical exams	100% covered after \$10 co-payment	Not covered
Well baby care	100% covered after \$10 co-payment	Not covered
Immunizations	100% covered	Not covered
Family planning; birth control devices; voluntary sterilization	100% covered after \$10 office visit co-payment	Not covered
Maternity care (pre-and post-natal services)	100% covered after \$10 office visit co-payment	80% of R&C charges (employee & spouse only)
Allergy services	100% covered after \$10 office visit co-payment	80% of R&C charges (NOTE: Prior authorization is not required for services in a physician's office)
Inpatient Hospital	Amount Covered	Amount Covered
Unlimited days in a semi-private room	100%	80% of R&C charges
Special care units	100%	80% of R&C charges
Necessary ancillary hospital services	100%	80% of R&C charges
Surgery and related services	100%	80% of R&C charges
Anesthesia and its administration	100%	80% of R&C charges
Transplant services (at designated facilities)	100%	Not covered
Maternity care (hospital services)	100%	80% of R&C charges
Physician services including consultation	100%	80% of R&C charges
Physician obstetrical services	100%	80% of R&C charges
Outpatient Hospital	Amount Covered	Amount Covered
Surgery and related services	100%	80% of R&C charges
Diagnostic X-ray and laboratory	100%	80% of R&C charges
Voluntary sterilization	100%	Not covered
Emergency Care	Amount Covered	Amount Covered
At in-network hospital emergency room	100% covered after \$50 co-payment. Co-payment is waived if patient is admitted.	80% of R&C charges, if HMO benefits do not apply
At out-of-network hospital emergency room	100% covered after \$50 co-payment	80% of R&C charges, if HMO benefits do not apply
Mental Health, Alcoholism, & Substance Abuse Services	Amount Covered	Amount Covered
Inpatient /Intermediate mental health	100%, 45 days (renewable after 60 days)	Not covered
Outpatient mental health	20 visits per calendar year covered at 100%	80% of R&C charges (limited to 10 visits per calendar year)
Intermediate care services for alcoholism, substance abuse	100%, maximums apply	80% of R&C charges (maximums apply)
Inpatient substance abuse services	100%, 45 days (renewable after 60 days)	80% of R&C charges (maximum \$1,000 per calendar year)
Outpatient services for alcoholism, substance abuse	100%, maximums apply	80% of R&C charges (maximums apply)
Other Services	Amount Covered	Amount Covered
Home health agency services	100%	80% of R&C charges (limited to 60 visits per calendar year)
Skilled nursing facility services	100%	80% of R&C charges (combined network & non-network benefits limited to 100 days per calendar year)
Hospice care	100%	80% of R&C charges (combined network & non-network benefits limited to 180 days per policy)
Ambulance services	100%	Covered as in-network benefit
Prosthetics and durable medical equipment	100%	80% of R&C charges
Outpatient rehabilitation services (physical, occupational, speech, cardiac/pulmonary)	100%, maximums apply	80% of R&C charges (combined network & non-network benefits limited to 60 visits per calendar year)
Infertility services	100%	Not covered
Prescription drugs	\$5 co-payment for generic drugs and \$10 co-payment for brand name drugs	Not covered
Hearing aid	Covered once in 36 months	Not covered
PHP Benefits (In-Network)		United Healthcare Insurance Co. Benefits (Out-of-Network)

Except in an emergency, medically necessary and preventive health care services must be provided, arranged or authorized through PHP and its participating physicians to qualify for HMO benefits. All referrals to non-PHP providers require prior plan approval. All mental health, alcoholism and substance abuse services must be provided or authorized in advance by Plan's Mental Health/Substance Abuse Designee. Maximum copayments for all health services per calendar year: \$3,000 per covered person (not to exceed \$6,000 per family). Copayments charged as a flat dollar amount (instead of as a percentage of eligible expenses) do not apply to this maximum.

Some Exclusions

- Dental care
- Experimental procedures
- Cosmetic surgery
- Eyeglasses

NOTE: This policy is not subject to a pre-existing condition limitation.

This Summary of Benefits is intended only to highlight the benefits provided under PHP Plus and should not be relied upon to fully determine coverage. This health plan may not cover all health care expenses. Please refer to the Physicians Health Plan (PHP) Certificate of Coverage and to the United HealthCare Insurance Company (UHC) Certificate of Coverage for a complete listing of covered services, limitations and exclusions and a description of all the terms and conditions of coverage. If this description conflicts in any way with the policies issued to the enrolling group, the policies will prevail. For answers to questions about information that appears in the summary, call the PHP Customer Service Department or review the Certificate of Coverage for this benefit plan.

The medical insurance benefits you receive are underwritten by United HealthCare Insurance Company. Under this coverage your maximum out-of-pocket expense is limited to \$3,000 per person, or per family, per calendar year. Only medically necessary services that are a result of an injury or sickness are covered. In general, health services provided through a non-PHP provider must be authorized in advance. Failure to request prior authorization when required may result in reduced benefits, and in some instances benefits may be denied. Without prior authorization, benefits will be reduced to 50% except durable medical equipment and prosthetics that will be denied. All medical services are subject to an annual deductible. The annual deductible is \$200 per covered person and not more than \$400 per family every calendar year. After the deductible has been satisfied, eligible expenses are covered at the percentages indicated based on Reasonable and Customary (R&C) charges.

Some Exclusions

- Services payable under the PHP Policy
- Services not medically necessary for treatment of sickness, injury or pregnancy
- Charges in excess of the R&C charge
- Custodial care, bed care, convenience care, day care, domiciliary care
- Eyeglasses
- Hearing aids

- Cosmetic surgery (unless medically necessary)
- Experimental procedures
- Voluntary sterilization or reversal thereof
- In vitro fertilization
- Organ transplants and all related incurred by either recipient or donor
- Other services listed in the Certificate of Coverage